

PATIENT

Leena Deveau

SPECIES

Canine

BREED

Bichon Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

18.4 lbs

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Amabda Stewart

HOSPITAL NAME

The Maples Animal
Hospital

REFERRING VET

Dr. Kazienko

INVOICE

15648

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Recheck echo, last done Nov 6, 25. Invoice #35479. Owner reports Leena is doing well, no concerns. No issues going for walks--goes on two 10-15 min walks daily--when Leena is tired she will head back home. Acts a lot younger than she is! Can still jump on sofas and beds. Current Medications Vetmedin 2.5mg BID, Benazepril 5mg SID

Primary Question to Be Answered in This Exam Recheck exam, changes?

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

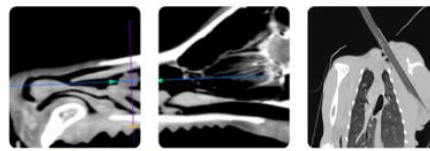
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.46	2.84	2.2	2.25	49.4	81.98	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	1.85	1.14	8.36	3.69	3.8	1.9

Cardiac Presentation

Based off of the images provided, the mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is mild prolapse of the mitral valve leaflets. The left atrial size is severely increased and very similar to six months ago. The left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. No prolapse of the tricuspid valve leaflets. No evidence of significant pulmonary hypertension based on the tricuspid regurgitation velocities. Right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal corresponding outflow velocities. Aortic valve is mildly thickened. There is mild aortic insufficiency. There is trace pulmonic insufficiency. The aorta appears normal. The pulmonary artery associated branches appear normal. There's no evidence of pleural effusion, pericardial effusion, or intracardiac masses based off of the images provided.

ULTRASONOGRAPHIC FINDINGS

- Based off of the findings, this patient continues to have degenerative valve disease, ACVIM stage B2. There is mild degeneration of the tricuspid and aortic valve and mild aortic insufficiency.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

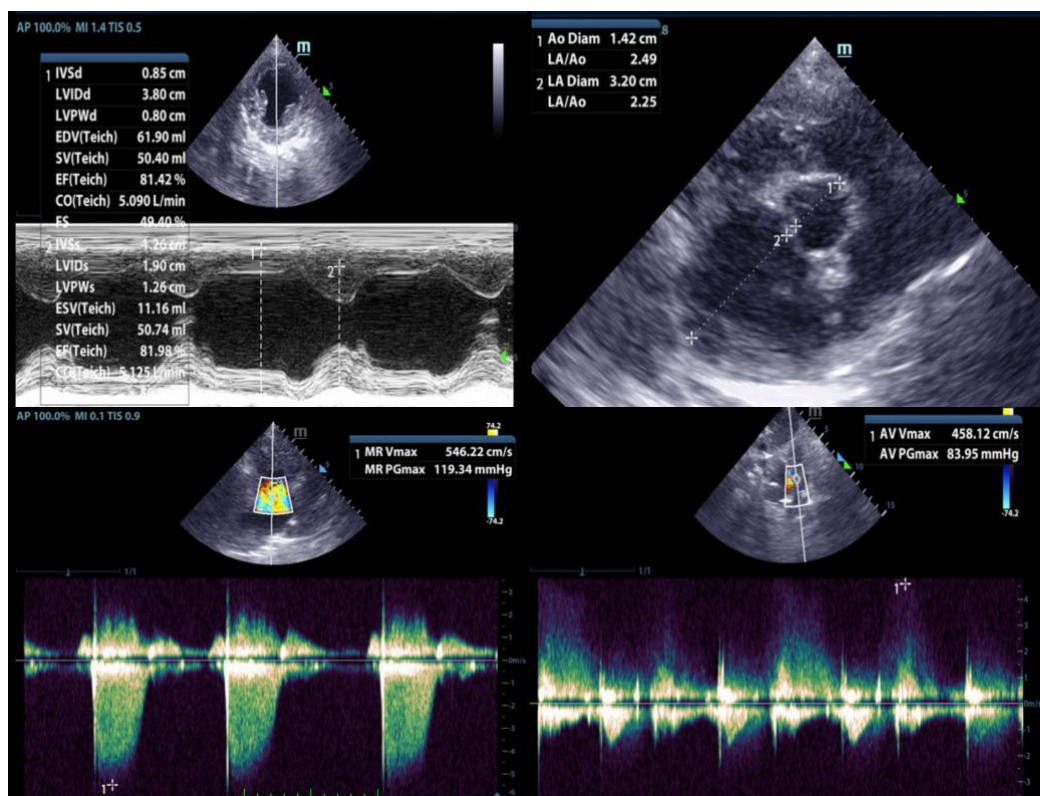
The patient continues to have degenerative valve disease, ACVIM stage B2. There has not been significant progression of the left atrial size or the left ventricular size compared to previous evaluations.

No therapeutic adjustments are recommended at this time. I recommend if the client isn't already doing so, the client should start monitoring resting respiratory rate and effort at home. Resting respiratory rate should be less than 35-40 breaths per minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

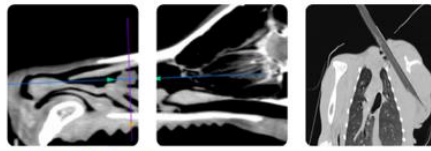
It is important that the patient's blood pressure is assessed and make sure that it is less than 160 mmHg systolic. Recommend a recheck echocardiogram in four to six months or sooner if the patient is exhibiting abnormal clinical signs or the murmur is worsening in intensity.

Elective anesthetic procedures are not recommended at this point in time.

Activity restriction is not warranted in this particular patient.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Camden Rouben DVM, DACVIM (Cardiology)

info@SonoPath.com